

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

[REDACTED]

COMPLETE THIS SECTION ON DELIVERY**A. Signature:**

[REDACTED]

Agent
 Addressee

B. Address:

[REDACTED]

C. Date of Delivery
11-28-04

**D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No**

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**2. Article Number**

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

1049889

Attachment B 16

CPD 0015633